



The Lower Hudson Valley Challenger Center, Inc.

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Airmont, New York 10901

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Fax 845-369-3523
WWW.LHVCC.COM

Unpaid Model Release Form

I (or Parent of) the person in the photograph.....

Living at (street address).....

(town/city).....

.....

hereby release my interests in the photograph taken of me for

The Lower Hudson Valley Challenger Center (LHVCC)

that may be used for the purpose of publicity and advertising in the LHVCC's newsletter and website. I acknowledge that no payment has been made to me or my child, and that I generously give my interest in the photograph and its future use to The Lower Hudson Valley Challenger Center who took the picture.

Name of Parent or Person.....

Signature of Parent or Person.....

Date.....